



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
215 WEST MAIN STREET/P.O. BOX 517  
FRANKFORT, KENTUCKY 40602  
502-564-6082 FAX 502-564-4604**

**Liability Self-Insurance Groups  
General Interrogatories**

Name of the group: \_\_\_\_\_

For the fiscal year ended: \_\_\_\_\_

1. A "governmental entity" means the Commonwealth of Kentucky, other states, or the United States, their political subdivisions, municipal corporations, or public agencies. Is this liability self-insurance group a "governmental entity?" Yes ( ) No ( )
2. A "bona fide" association shall mean an association, which has a substantial noninsurance purpose or has other characteristics of stability in finances and membership. What type of group or association is this group? Check one.  
  
☐ A health facility and health services institution subject to the certificate of need and licensure provisions of KRS 216B  
  
☐ A group of Kentucky for profit corporations under KRS 271B  
  
☐ Members of a bona fide association
3. Has the commissioner of the Department of Insurance been immediately notified of any change in the information required to be filed? Yes ( ) No ( ) No changes ( )

Check only changes and show the date of notification (attach copies or exhibits of the changes):

- a. ☐ The group's name \_\_\_\_\_
- b. ☐ The location of its principal office \_\_\_\_\_
- c. ☐ The group's fiscal year \_\_\_\_\_
- d. ☐ The articles of association \_\_\_\_\_
- e. ☐ The bylaws \_\_\_\_\_
- f. ☐ The group's administrator or with its agreement \_\_\_\_\_
- g. ☐ Any service company or with its agreement \_\_\_\_\_
- h. ☐ The liability agreement between the group and its members \_\_\_\_\_
- i. ☐ The board of trustees \_\_\_\_\_
- j. ☐ The address where the books and records are maintained \_\_\_\_\_

4. Does the group carry specific and aggregate excess insurance? Yes ( ) No ( )  
Please identify the carrier(s), the amounts of coverage and policy period.

5. Are all funds of the liability self-insured group invested in securities or other investments in compliance with KRS 304.7? Yes ( ) No ( ) If no, please note all exceptions to the above.
6. Is the group in compliance with KRS 304.48-240(2) requiring the liability self-insured group to perform the following?
- (a) Respond to claimant and Kentucky Department of Insurance inquiries concerning claims within fifteen (15) working days Yes ( ) No ( )
- (b) Complete the investigation of losses within thirty (30) days Yes ( ) No ( )
- (c) Continue negotiations for settlement of a claim directly with a claimant who is neither an attorney nor represented by an attorney if the claimant's rights may be affected by time limitations  
Yes ( ) No ( )

If no, please attach separate explanation and circumstance for noncompliance.

7. Pursuant to KRS 304.48-170(1) All liability self-insurance groups shall file with the commissioner of the Department of Insurance a statement of financial condition audited by an independent certified public accountant. Please indicate whether the independent auditor's report excluding any management comments is being filed in lieu of separately prepared financial statements of the liability self-insured group.  
Yes ( ) No ( )
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The officer, director or trustee of this liability self-insured group, being duly sworn, depose and say that he/she is the described officer, director or trustee of the said liability self-insured group, and that on the last day of the fiscal year end, all of the herein described assets were the absolute property of the said liability self-insured group, free and clear from any liens or claims thereon, and that the financial statements are a full and true statement of all the assets and liabilities and of the condition and affairs of the said liability self-insured group as of the last day of the fiscal year, and of its income and deductions therefrom for the year ended on that date, and have been completed in accordance with the Kentucky Revised Statutes (KRS) 304.48, pronouncements of the Governmental Accounting Standards Board, and all other applicable law and authorities.

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please type or print name: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_